

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 81

0050

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 5061 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Pleasant Ridge</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Pleasant Ridge Township</u>	
c. LENGTH OF STAY (In this place) <u>Lifetime</u>		d. STREET ADDRESS (If rural, give location) <u>P. 1 Verona Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>NEEL</u> b. (Middle) _____ c. (Last) <u>ALCOCK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 14 1950</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 30, 1895</u>
9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>14</u>	IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Barry County Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Thomas J. Crouch</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Hailey</u>	14. NAME OF HUSBAND OR WIFE <u>Luther Alcock</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Luther Alcock - P. 1 Verona Mo</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute pyelitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Pyelitis Cystitis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>590X</u>	
18. CAUSE OF DEATH (continued)		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 months</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>11/10</u> , 19 <u>49</u> , to <u>1/14</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>1/13/50</u> , 19 <u>50</u> , and that death occurred at <u>4:55 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Frank Kerr M.D.</u>		23b. ADDRESS <u>Monett Mo</u>	23c. DATE SIGNED <u>1/28/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 16 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Galton (Rural)</u>	24d. LOCATION (City, town, or county) (State) <u>Barry County Missouri</u>
DATE REC'D BY LOCAL REG. <u>1-26-50</u>	REGISTRAR'S SIGNATURE <u>W. M. West</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Dillon Funeral Home - Monett Mo</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 31 1950

RECEIVED JAN 30 1950
District Health Office No. 6,
District File Number 150-136
Date Filed 1-30-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

J. D. Buchanan

Signed.....
Student Embalmer

Licensed Embalmer No. 3179

P. O. Address Mount Pleasant

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.